

Speech-Language Pathologists' Access to Diverse Literature for Therapy Activities in Canada



L'accès des orthophonistes du Canada à une littérature diversifiée pour leurs activités de thérapie

KEYWORDS

CULTURAL RESPONSIVITY

LINGUISTIC SENSITIVITY

SHARED READING

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Abstract

Cultural responsivity is an important aspect of evidence-based practice. When a speech-language pathologist is providing services to a child whose home environment does not represent the majority language or culture, special efforts are required to adapt to the values, beliefs, backgrounds, and experiences of the family when selecting materials and designing therapeutic activities. When providing services to children, the use of culturally appropriate storybooks is especially important to promote a sense of belonging and support co-creation of knowledge by the clinician and child. In this study, we asked speech-language pathologists from across Canada to complete a survey about their sociodemographic information, their practice and caseload, and their use of diverse literature with their pediatric clients. As expected, the survey revealed that speech-language pathologists in Canada were overwhelmingly white English-speaking women, even though their caseloads were somewhat or very diverse with respect to racial and linguistic characteristics. The respondents in this study agreed that culturally responsive therapy materials were important for the children on their caseloads. However, one third used books that had no human characters, and another third used books that presented white human characters. The speech-language pathologists reported barriers to obtaining culturally appropriate books, with insufficient resources and a lack of books being the most important.

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Abrégé

La sensibilité culturelle est un aspect important d'une pratique clinique fondée sur les données probantes. Lorsqu'un ou une orthophoniste offre des services à des enfants dont l'environnement familial ne correspond pas à la langue majoritaire ou à la culture dominante, des efforts particuliers doivent être déployés pour sélectionner du matériel thérapeutique et concevoir des activités de thérapie adaptés aux valeurs, aux croyances et aux expériences de la famille. En particulier, il est important d'utiliser des livres d'histoires culturellement appropriés pour promouvoir un sentiment d'appartenance et soutenir la co-construction des connaissances entre l'orthophoniste et l'enfant. Dans cette étude, nous avons sondé des orthophonistes du Canada quant à leurs informations sociodémographiques, leur pratique, les caractéristiques de leur patientèle, ainsi que leur utilisation d'une littérature jeunesse diversifiée auprès de cette dernière. Conformément à nos hypothèses, l'étude a révélé que les orthophonistes du Canada étaient en grande majorité des femmes blanches anglophones, même si les caractéristiques raciales et linguistiques de leur patientèle étaient assez ou très diversifiées. Les personnes interrogées dans cette étude reconnaissaient l'importance d'utiliser du matériel thérapeutique culturellement adapté avec les enfants avec lesquels elles travaillaient. Toutefois, un tiers de ces personnes utilisait des livres sans personnages humains et un autre tiers utilisait des livres dans lesquels figuraient des personnages humains blancs. Les orthophonistes ont rapporté plusieurs obstacles à l'obtention de livres culturellement appropriés, les plus importants étant un manque de ressources et de livres.

An important aspect of evidence-informed practice is the need for culturally responsive care (Horton & Muñoz, 2021; Inglebret et al., 2007). An evidence-informed approach requires integration of the best scientific evidence with clinical expertise and the perspectives of the client (Sackett et al., 1996). When designing an assessment or treatment approach for a child, a biopsychosocial model helps to focus attention on the whole child, identifying personal, social, and environmental factors that contribute to activity and participation strengths and limitations (McCormack et al., 2010; Rvachew & Brosseau-Lapré, 2018). When a speech-language pathologist (S-LP) is providing services to a child whose home environment does not match the majority language or culture, special efforts like altering materials and assessments are required to adapt to the values, beliefs, backgrounds, and experiences of the child when selecting materials and designing therapeutic activities (Albin et al., 2022; Horton & Muñoz, 2021). As such, cultural and linguistic responsivity is key to the child's engagement with the S-LP and learning during the intervention sessions (Hernández et al., 2022; Unger et al., 2021). To understand this, we first define terms that we use throughout this paper.

Definition of Terms

In this paper, we use the term racialized children to refer to children from visible minority backgrounds. The theoretical grounding for using "racialized" stems from critical race theory, which posits that race is a social construct utilized to perpetuate and legitimize power disparities, rather than a natural biological difference (Soto-Boykin et al., 2021). Racialized refers to the process and state whereby individuals or groups are ascribed a racial identity through social constructs designed to maintain certain power dynamics, focusing particularly on how these identities are intertwined with language and societal perceptions of normality (Privette, 2023; Soto-Boykin et al., 2021; Souissi, 2022). This term not only emphasizes racial distinctions but also how those distinctions are used to enforce systemic inequalities in linguistic, educational, and social settings (Brea-Spahn & Bauler, 2023; Soto-Boykin et al., 2023; Whitfield, 2023). Visible minority is used by the Canadian government to classify individuals based on their physical racial traits as non-white, excluding Indigenous peoples (Statistics Canada, 2021). However, the term "racialized" emphasizes systemic influences on racial identity and addresses the socially constructed nature of racial disparities, thereby promoting a more critical and intersectional approach to understanding and challenging the inequities that children from non-white backgrounds face (Soto-Boykin et al., 2021, 2023; Whitfield,

2023). It highlights the active role of societal structures in perpetuating racial categorizations and does not rely solely on physical appearance, thus providing a more nuanced understanding of racial experiences and the impacts of systemic racism in S-LP service delivery (Whitfield, 2023).

Many racialized children, especially in Canada, speak more than one language. However, care must be taken when addressing the power differentials between the languages they speak. The distinction between minoritized language and minority language reflects deeper sociopolitical dynamics beyond numerical representation. Minoritized languages are those systematically marginalized within societal structures, often spoken by significant portions of a population but lacking institutional power or prestige due to dominant sociopolitical forces (Privette, 2023; Soto-Boykin et al., 2021, 2023). This term emphasizes the active process of marginalization, highlighting how these languages are devalued by societal norms and policies. In contrast, minority languages are defined by their smaller number of speakers compared to dominant languages in a region and do not inherently suggest systemic oppression, although they may also lack power (Kay-Raining Bird et al., 2016; Privette, 2023; Whitfield, 2023). For example, French in certain Canadian contexts can be a minority language but still retains significant cultural and political influence by being a co-official language, illustrating that minority status does not always correlate with reduced power or prestige. In this paper we refer to nonofficial and/or Indigenous languages spoken by racialized children and their families as linguistically minoritized languages.

Ongoing Need for Culturally Responsive Therapy

The need for cultural and linguistic responsivity in therapeutic practice has been highlighted for the past 30 years in scientific and position papers (Crago & Westernoff, 1997; Damico & Damico, 1993). The situation appears to be increasingly acute. The racial composition of speech-language pathology as a profession has remained overwhelmingly white and homogenous (for Canada, see Bourassa Bédard et al., 2020; for the United States, see Yu et al., 2022). This lack of diversity is especially concerning given that it is due to institutional ideas, policies, and practices that perpetuate inequities for clientele from racialized and linguistically minoritized backgrounds (Brea-Spahn & Bauler, 2023; Whitfield, 2023). During the same period, the potential clientele population has become more and more diverse (for Canadian data, see Statistics Canada, 2022b).

Linguistic diversity was highlighted in the 2016 census with one quarter of the Canadian population having a mother tongue other than French or English, including

approximately one fifth of children (Schott et al., 2022). Minoritized languages vary across Canadian regions with Mandarin, Punjabi, Spanish, Arabic, and Urdu being the most spoken by bilingual children who grow up speaking an official and nonofficial language in some combination (Schott et al., 2022). The Indigenous population of Canada comprises 1.8 million persons who, as a group, are younger on average than the non-Indigenous population (Statistics Canada, 2022a). An Indigenous language is spoken by about 20% of this population (Schott et al., 2022), with many of these languages being taught in schools run by Indigenous communities (O'Sullivan, 2021).

Culturally, diversity is increasing as well; currently 25% of Canadians are from racialized minorities, with over 74% of children with immigrant parents belonging to such groups, coming very often from Asian countries (Statistics Canada, 2017). The mismatch between the cultural and linguistic characteristics of S-LPs and their clients increases concerns about the appropriateness of adaptations during assessment and treatment sessions for children who require services (Guiberson & Ferris, 2023).

Recent survey data suggest growing confidence by S-LPs in their cultural competence (Parveen & Santhanam, 2021), perhaps because S-LPs are exposed to more training on techniques for assessment and treatment of children who require cultural and linguistic adaptations. Bilingual S-LPs perceived themselves to be more competent and sought out more sources of information to help with their clients who required these adaptations (Parveen & Santhanam, 2021; see also Narayanan & Ramsdell, 2022). The challenge of finding appropriate materials to use with their clients remained a frustration for all the S-LPs who responded to Parveen and Santhanam's (2021) survey in the United States. These resource inequities require further investigation.

Several studies focused on assessment practices have described the use of linguistically appropriate techniques by Canadian S-LPs. Kerr et al. (2003) asked S-LPs to describe their use of assessment tools, including standardized and criterion-referenced instruments. Kerr et al. were especially concerned with inappropriate assessment practices such as using standardized measures with populations other than those the test norms were based on. They found that S-LPs were often aware that certain practices were not appropriate but engaged in problematic decision-making processes in the absence of effective tools. Ball and Lewis (2011) obtained detailed feedback from a large number of people who worked with Indigenous children in Canada. Their replies highlighted the cultural and pragmatic

differences between Indigenous interaction styles and those of the professionals working with them. The S-LPs in Ball and Lewis's study recommended much more screening of the Indigenous children on one hand, but a more community-based and collaborative approach to intervention on the other.

Finally, D'Souza et al. (2012) investigated assessment practices by S-LPs with linguistically diverse clients in Canada. Many practices were found to be appropriate – in particular, using natural language samples and dynamic assessment methods. However, there was a mismatch between the S-LPs and the clients with respect to language knowledge; barriers in access to important resources such as interpreters was also raised as an issue.

Although the studies of assessment practices are important, continued research is needed. Investigation of cultural and linguistic responsiveness is required. More knowledge of adaptations in the realm of treatment practices is also crucial. In the present study, we were particularly concerned with the use of diverse literature when intervening with young children. Not only can storybooks build early literacy skills, but these materials also support the development of a broad range of communication skills. Interventions that involve careful selection of books and stories are very common in speech-language pathology and in early years classrooms (Kaderavek & Justice, 2002). Larson et al. (2020) reported an in-depth systematic review of language interventions and found that the best results were observed when the intervention was adapted to the culture and the language of the children in the program. This principle can be extended to books and other materials used in therapy, including print books, digital books, wordless books, oral storytelling, and visual media for presenting stories.

Regarding books used by S-LPs, Harris and Owen Van Horne (2021b) reported that even very young children were sensitive to the race of characters in picture books, with diverse race of characters contributing to a sense of self and belonging for racialized children. Conversation about appropriate picture books provides a mechanism for the co-construction of knowledge by the S-LP and a racialized child. Experiencing a variety of perspectives in the books is important for racialized children and for children who are part of the majority white culture (Harris & Owen Van Horne, 2021a). Considering the language or dialects spoken by the characters in the books is equally important, as this provides legitimacy to diverse modes of communicating (Privette, 2021). For these reasons, we designed a survey to obtain information from Canadian S-LPs about their sensitivity to

cultural and linguistic responsiveness and their access to diverse children's literature in their clinical practice.

A Survey on Cultural Responsiveness

A literature largely focused on education informed the selection of variables for the survey designed for this study (Chu & Garcia, 2014; Dickson et al., 2016). A multicultural children's literature approach for culturally responsive practice includes using books with diverse racial characters while including other forms of diversity such as gender, sexual orientation, immigration, language, and disability or intersectionality of multiple identities for authentic manifestation of lived experiences (Dahlen, 2020; Harris & Owen Van Horne, 2021a; Hartenstein et al., 2023; Nguyen, 2022). Much of the current scholarly discourse pertaining to children's books has focused on describing the ethnoracial characteristics of the characters as a way of raising consciousness about representation in books used with children (e.g., Cahill et al., 2021; Harris & Owen Van Horne, 2021a, 2021b; Knight et al., 2021; Kuehl, 2021).

Historically, main characters in children's books were most often animals, followed by white children or inanimate characters such as trucks and trains (Dahlen, 2020; Dundas, 2019, 2020). For this study, each S-LP was asked to provide a list of 10 books they used in their practice. To describe these responses, we focused on the main characters in the books selected by the S-LPs who responded to the survey.

It was also necessary to probe variables that may mediate S-LP choices with respect to books that are used during treatment. We obtained sociodemographic information about the S-LPs, including cultural and linguistic characteristics. The relationship between cultural and linguistic demographics and culturally responsive practice is unclear in published studies but certainly important to examine (Harris & Owen Van Horne, 2021b; Narayanan & Ramsdell, 2022; Unger et al., 2021). Related items gathered information about the S-LPs' years of experience and formal preparation (i.e., preservice clinician training and continued professional development), because other published studies identified those variables as important predictors of outcomes around cultural and linguistic responsivity (Fumero et al., 2021; Suswaram et al., 2023). Questions about the cultural and linguistic diversity of the S-LPs' caseloads were included.

Studies in schools have shown that teacher engagement with ethnoracial diversity plays a role in student academic outcomes and identity formation, especially when examined from the perspective of the students themselves (Byrd, 2016). It is possible that caseload characteristics (e.g., race and languages) may play a role in S-LP treatment

practices and use of more culturally and linguistically responsive materials (Harris & Owen Van Horne, 2021b; Narayanan & Ramsdell, 2022). Examples of such practices include using culturally relevant books that are familiar and respectful towards the cultural background of racialized children (Guiberson & Ferris, 2023; Guiberson & Vining, 2023) and using bilingual books with bilingual children (Cuervo & Hobek, 2021).

In summary, we developed a survey to explore Canadian S-LPs' use of children's literature in their pediatric practice. A copy of the survey can be obtained from the last author. The survey responses were submitted to a quantitative analysis, yielding answers to the following questions:

- 1. Do Canadian S-LPs use diverse literature in their clinical practice with pediatric clients?
- 2. Is the use of diverse literature moderated by the sociodemographic characteristics of the S-LP?
- **3.** Is the use of diverse literature moderated by the clinical experience of the S-LP and their prior training about cultural responsiveness?
- **4.** Is the use of diverse literature moderated by sociodemographic characteristics of the S-LP's caseload?

Method

Survey Development Procedure

Survey design was informed by previous findings related to the use of children's literature in speech-language pathology (Harris & Owen Van Horne, 2021b). However, given the exploratory nature of this study, we first extracted a comprehensive list of variables of culturally responsive teaching from survey studies (Chu & Garcia, 2014; Dickson et al., 2016) to serve as the framework for our design. These variables were tailored to meet the speech-language pathology context. Then, the indicators used by Harris and Owen Van Horne (2021b) and D'Souza et al. (2012) were matched with variables as both studies conducted survey studies with S-LPs on the use of diverse books and service for multilingual clients. Other indicators were drafted and modified as part of the survey draft to capture both quantitative and qualitative trends.

In line with Harris and Owen Van Horne (2021b), when describing the books that the S-LP respondents used, we focused on assessing the ethnoracial characteristics of the main character. Due to Canada's linguistic landscape, we also assessed the language in which the books were written. Additional questions probed the factors that may influence

the S-LP's choice of books and the ways in which they used books in their clinical practice. The respondents were also asked to describe their understanding of the essential characteristics and the benefits of diverse children's literature. These questions elicited detailed answers from the S-LPs that were subjected to qualitative thematic analyses that are not described in this paper.

Another section of the survey requested information about the sociodemographic characteristics of the S-LPs. These questions focused on age, gender, self-identified ethnoracial characteristics, and the language(s) spoken by the S-LP. Final questions in this section probed the language(s) used by the S-LP in clinical practice.

The survey also solicited information about barriers to accessing diverse children's literature and the resources that the respondents used and found most helpful to support their work. To this end, S-LPs were asked if they had access to sufficient resources, the types of professional learning they partook in, and tools that supported their work with clients from diverse backgrounds.

Finally, the survey requested information about the diversity of the S-LP's caseload. The S-LPs provided information about their work settings and the ages of clients (infants/toddlers, school-aged children, or both). Ethnoracial diversity was queried in one question and linguistic diversity in another. Ethnoracial diversity was defined by the presence of racialized children within an S-LP's caseload, with 2 or fewer racialized children defined as not diverse, more than 2 but less than half of the caseload defined as somewhat diverse, and more than half the children being racially minoritized defined as very diverse. Linguistic diversity in relation to the two official languages (English and French) was categorized as not diverse where not more than 2 children spoke a linguistically minoritized language at home, somewhat diverse when more than 2 but less than half of the caseload spoke a linguistically minoritized language, and very diverse when more than half the children spoke a nonofficial language.

After the survey was developed, a draft was submitted to pilot testing with distribution among S-LPs, staff of the McGill University Child Phonology Lab, and volunteers. Pilot testing provided an estimate of completion time of 30 min. Some items were modified to provide the best options for Canadian S-LPs (e.g., options for items such as age of clients or mother tongue of S-LPs). The study's protocol and data collection procedures were approved by the Institutional Review Board of the Faculty of Medicine and Health Sciences at McGill University (Study Number A02-E10-22A). A final English version of the survey was hosted on the Lime

Survey platform administered by McGill University once all modifications were made.

Participants and Recruitment

The final survey link was distributed, in English, via the Speech-Language and Audiology Canada website (https://www.sac-oac.ca). The link was also disseminated through the McGill University's School of Communication Sciences & Disorder's mailing list for school-affiliated S-LPs and clinical educators. Finally, the research information and survey link were shared with individual S-LPs and private practices across Canada. Individual potential respondents were identified by examining the member rolls for the professional associations in Canadian provinces, emailing persons, groups, and businesses that advertised services for children specifically. All recipients of the survey were invited to forward the link to other eligible participants that they may know. Recruitment took place between February and December of 2022.

The survey was accessed by 289 respondents. Of those, 213 consented to be included in the survey and declared themselves to being an S-LP. Among those 213, 102 were excluded: 2 filled out the survey with irrelevant information; 6 declared that they did not use commercial books in their practice; and 94 did not answer the question about the use of commercial books. The final sample of eligible surveys included 104 completed surveys in which a list of books was provided as requested and 11 surveys in which the respondent did not provide the list of books even after answering all other questions. Respondents provided rough approximations of their location of residence and service as follows for completed surveys: 29 in Ontario; 21 in Québec; 26 in British Columbia; 16 in Alberta, Saskatchewan, and Manitoba; and 21 in Nova Scotia, New Brunswick, and Newfoundland/Labrador. We had no respondents from the northern regions and 2 were from an unknown location. Postal codes permitted an estimate of the size of the communities using Statistics Canada criteria, with 74 living in large communities and the remainder living in medium or small communities. Province and size of population centre were not correlated with any of the outcomes and therefore are not considered further in the results.

The respondents indicated that they provided S-LP services and held licensure to practice in their respective province at the time of filling out the survey. To participate in this study, S-LPs also had to attest to serving clients from infancy through 13 years of age (an age range for whom children's books, including picture books, are suitable). Canadian S-LPs who did not serve pediatric clients or use books in their practice were excluded (meaning that retired S-LPs and those on leave were also excluded).

Coding Procedures

A thorough coding scheme was implemented to analyze the ethnoracial and linguistic diversity of children's books routinely used by participant S-LPs. All data were first cleaned and classified by the first author. All unique identifiers were removed from responses to ensure blind coding by coders in the Child Phonology Lab. Coders then used the type of questions asked and other factors to categorize quantifiable survey responses into categorial or ratio scales given the complexities of service and service providers in Canada. For instance, responses relating to home language and language of service delivery were coded on a categorial scale (1 = English only, 2 = French only, 3 = English and French), facilitating a graded analysis of the responses. Additionally, ordinal variables age and years of service were collapsed into ratio scales ranging from 1 to 7, offering a structured framework to analyze the data.

Book titles provided by S-LPs were crucial to the coding procedure. Due to the COVID-19 restrictions at the time, each book was hand-coded using internet search engines (e.g., YouTube videos, Amazon Look Inside, online catalogues) to review the book content and determine the language of the book to be either English, French, multilingual, other, or unscorable (i.e., information was not accessible, which was 0.2% of the items). This technique was also used to code the character type (human, animal, fairytale character, etc.) and ethnoracial background for human figures based on previous studies (e.g., Dahlen, 2020; Harris & Owen Van Horne, 2021b) and other categories routinely used to describe this feature of books in Canada (Dundas, 2019, 2020).

The initial coding that differentiated human characters from nonhuman and anthropomorphic characters was essential because research has indicated that children develop more prosocial behaviours when experiencing books with human characters than with books with other types of characters (e.g., Ding et al., 2023; Larsen et al., 2018).

The list of books that was provided by 104 of the respondents was coded to gauge the diversity of the main character(s) in each book This process involved creating a diversity rating system for the books where the ethnoracial backgrounds of primary characters were coded on a decimal scale from .00 to 1.00. Characters were coded into the following groups and scored as shown: unscorable, animals, fairytale or legend characters, inanimate objects (.00); white character (.25); mixed race combining racialized and white characters (.50); Black character, Indigenous/Native/First Nations characters, East Asian, South Asian, other racialized character (1.00). These

categories were based on Harris and Owen Van Horne's (2021a) tutorial, which recommended that S-LPs select books with people, books in which lead characters are from racialized backgrounds, and books that are attentive to intersectionality. We developed this coding scheme to recognize that racialized children have historically lacked positive and authentic representation while honouring the intersectionality of all human characters in children's literature (Boyd et al., 2015; Nguyen, 2022). This complex coding approach allowed us to use main characters as a proxy for diversity in line with a multicultural view of children's literature (Dahlen, 2020). Doing so permitted us to assess variation in children's reading as described in the next section.

Finally, S-LP responses were coded to identify barriers and facilitators to accessing and using diverse books according to Bishop's (1990) concept of "mirrors, windows, and sliding doors" which has been used to guide service providers on how to include books that validate personal experiences of individual children and introduce them to books that showcase diverse experiences different to them (Diehm & Hendricks, 2021; Harris & Owen Van Horne, 2021a; Inglebret et al., 2007).

Data Analysis

Central to this study was the diversity score average (DSA), a metric we developed to quantify the diversity of the books used by S-LPs. The DSA was calculated by summing the ethnoracial diversity of the human characters of all titles submitted by each S-LP (.00–1.00) divided by the number of titles they submitted. This metric offered a quantitative lens through which the diversity of book selections could be assessed. The DSA scores were further categorized to facilitate a graded analysis of the diversity in book repertoires in which a higher DSA signified that the S-LP had more diverse books in their list of books. This was a proxy for measuring the likelihood for an S-LP using diverse books in their practice, because participants were asked to list up to 10 they routinely used in their practice.

In some analyses, the DSA scores were reduced to categories as follows: DSA = 0.00 signified a book repertoire that was not diverse; a DSA score \geq .01 but \leq .39 signified a somewhat diverse book repertoire; and a DSA score \geq .40 signified a very diverse book repertoire. Given the low number of S-LPs with high DSA scores, DSA scores were divided in these three sections to facilitate analysis. This was also done due to chi-square analyses requiring that each expected frequency (or count) be at least 5 (see Narayanan & Ramsdell, 2022).

To answer Questions 2 to 4, the study employed a series of statistical tests to investigate the relationships between predictor variables and the DSA score. The answers related to these questions were subjected to quantitative analyses, providing a description of the S-LPs' use of books, sociodemographic characteristics of the S-LPs, their opinions about facilitators and barriers to accessing appropriate resources, and the diversity of their caseloads. These simple counts were used in chi-square tests to investigate the independence between predictor variables and the use of diverse children's literature (DSA score). Due to the small sample size of certain groups and other constraints, the likelihood ratio chi-square test (LR χ^2) was used for this purpose. This adjustment in the analysis strategy showcases the study's commitment to analyzing the effect of potential variables that influence S-LP book choices and practices. Effect sizes were calculated for each predictor variable-DSA association test, using Cramer's $V(\phi)$, used to identify small (2 df = 0.07; 4 df = 0.05; 8 df = 0.04), medium (2 df = 0.21; 4 df = 0.15; 8 df = 0.11), and large effects (2 df = 0.35; 4 df = 0.25; 8 df = 0.18) as done by Narayanan and Ramsdell (2022). This allowed us to gauge the strength of the association between the predictor variables and the DSA score rank, offering a deep understanding of the variables influencing the use of diverse literature.

Results

Books

All 115 respondents reported that they used books and/or graphic novels in their practice. **Table 1** shows the domains of language development targeted when these materials were used. Although phonological awareness and emergent literacy targets were identified most frequently, all the possible domains were targeted frequently with books and graphic novels. The respondents who selected "other" indicated a variety of domains, such as narrative and storytelling skills, early language development, augmentative communication, and reading. The respondents also reported the frequency with which they used books in their practice, ranging from less than once per week (n = 24, 21%), at least once per week (n = 35, 30%), several times per week (n = 33, 29%), and at least once per day (n = 22, 19%).

Among these respondents, 104 (90%) provided a list of books they used in therapy. These lists were subjected to the coding procedure described above and shown in **Table 2**. Of the 848 titles reported by all S-LPs, the codes revealed that nearly half of all main characters were animals. Among the human leads, white main characters were commonly occurring (n = 122, 14%) although racialized characters were seen as main

Table 1					
Domains of Language Therapy Targeted with Books and/or Graphic Novels					
Domain targeted	Respondents (%)				
Speech accuracy/intelligibility	74.78				
Phonological awareness/emergent literacy	83.48				
Syntax	75.65				
Morphology	68.70				
Semantics	80.00				
Pragmatics	73.91				
Other	28.70				

Note. Respondents could select more than one domain of therapy.

characters as well (n = 82, 10%). A DSA was calculated for each respondent as an average of the scores across the books they listed. The number of respondents who received DSAs within categories differentiated by a single decimal point is shown in **Figure 1**. Approximately one fifth received a score of 0. Just over one third received a score between 0 and .1 and almost a third received scores between .1 and .3. The remainder of the frequencies decline very rapidly towards 1 respondent, indicating that only 15 (13%) of the respondents reported book selections that could be considered very diverse overall. Regarding the linguistic characteristics of the books: 732 (87%) were English; 68 (8%) were French; 39 (5%) were wordless; and 7 (1%) were written in a linguistically minoritized language.

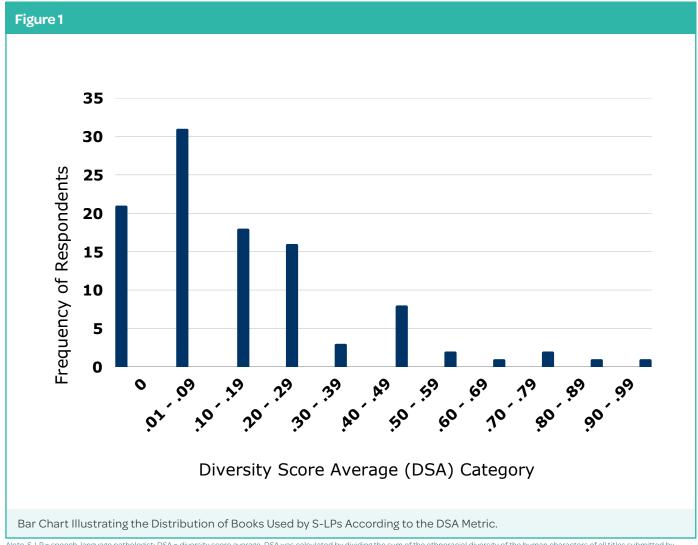
S-LP Demographics

The respondents provided information about themselves although there were some nonresponders for these questions as revealed by the total number of responses for each category shown in Table 3. Beginning with age, of the 108 (94%) S-LPs who provided their age, the average was 41 years, with the most frequent age category being between 31 and 40 years. By far, the most frequent gender category to be selected was cisgender female (n = 104, 90%). Self-identification of race was also relatively homogenous with 98 (85%) of respondents choosing white. Although most respondents used English as their mother tongue, a noticeable number used French or another language since a young age. The proportions of languages used at home and languages used to provide S-LP services were mostly "English only" with "French only," "English and French," and "English and nonofficial language" reflecting national trends of language use. The reported number of years of experience as an S-LP averaged 14, with a fairly even spread across categories.

Table 2				
Coding of Main Characters in the Books Listed by Respondents				
Coding of main character	n	%		
Animal	412	48.58		
White	122	14.39		
Uncodable	102	12.03		
Racialized ^a	82	9.67		
Mixed race ^b	55	6.49		
Inanimate object	51	6.01		
Fairytale or legend	24	2.83		
Total	848	100.00		

a Racialized characters included Black (20), Indigenous (22), East Asian (10), and a variety of other racialized identities.

^b Mixed race characters were a mix of White and a racialized identity.



Note. S-LP = speech-language pathologist; DSA = diversity score average. DSA was calculated by dividing the sum of the ethnoracial diversity of the human characters of all titles submitted by each S-LP (.00–1.0) by the number of titles they submitted. For this study, DSA = .00 signified a book repertoire that was *not diverse*, a DSA score \geq .01 but \leq .39 signified a *somewhat diverse* book repertoire, and a DSA score \geq .40 signified a *very diverse* book repertoire.

Table 3	
Characteristics of S-LP Respondents	
Characteristic	n
Age (years; n = 108)	
20–30	33
31–40	36
41–50	23
≥ 51	16
Gender (n = 110)	
Cisgender woman	104
Cisgender man	5
Other	1
Race/ethnicity ($n = 110$)	
White	98
Visible minority	8
Multiracial or mixed	4
Mother tongue ($n = 109$)	
English	77
French	19
Other	13
Languages used at home ($n = 109$)	
English	69
French	16
English and French	15
English and nonofficial language	9
Language of speech-language pathology services ($n = 109$)	
English only	71
French only	13
English and French	14
English and nonofficial language	11
Years experience as S-LPs (n = 114)	
1–5	23
6–10	28
11–15	20
>15	43

 $Note. \, S-LP = Speech-language pathologist.$

Resources

Although the S-LPs in the final survey sample thought that it was important to provide culturally appropriate materials, only 35 (30%) of the S-LPs reported they had access to sufficient resources to service clients from culturally and linguistically diverse backgrounds. In contrast,

most respondents (n = 71, 62%) said they did not. Among the survey respondents, 81 provided information about their common sources of information. Of the resources that S-LPs frequently used or found most helpful, formal training/professional development was the most frequent response

(69 mentions, 62%), as provided by their university instructors, professional associations, or employers. S-LPs also consulted with colleagues or clients from diverse backgrounds, including drawing on their own experiences with diversity. Colleagues with useful information included teachers, elders, and interpreters in addition to other S-LPs. Some respondents pointed out the importance of clients as informants and others discussed the necessity of a social justice framework to guide practice.

In response to the open-ended question, respondents provided information about the criteria they used to select books, and most often they were concerned with the match between the book and their therapy goals and the child. Pictures and storyline being developmentally appropriate while being fun and engaging was important to approximately half the respondents. The storyline supporting the therapy goal and the linguistic structure of the text being developmentally appropriate were also crucial for at least half the respondents, a recommendation supported by Harris and Owen Van Horne (2021a). Other criteria were mentioned much less often (cost, availability, diversity). With regard to barriers, the respondents pointed out that it is difficult to find and/or vet books that meet all their criteria as to therapeutic appropriateness and cultural responsivity.

Caseload Diversity

Caseloads were influenced by the work settings reported by the S-LPs. **Table 4** shows that the majority of respondents worked in multiple work settings. Over half of them (n = 65, 57%) reported that they provided services to infants/toddlers and school-aged children. Large numbers provided services only to infants/toddlers (n = 29, 25%) or to school-aged children (n = 21, 18%) however. In response to the question about diversity of their caseload, 93% of respondents provided a response, as shown in **Table 5**. Nearly all S-LPs reported that their caseload was somewhat diverse or very diverse with respect to race; almost half

the responses indicated that the children were somewhat diverse with respect to language with the remainder of the children split between not diverse and very diverse. This table shows a disconnect between the S-LPs and their clients as the S-LPs were overwhelmingly white users of the official languages.

Statistical Analysis Results

To test for the likelihood that any of the variables discussed thus far moderated the outcome (DSA), likelihood ratio chi-square tests (LRx2) were conducted for each variable and the S-LP's DSA rank. The results are shown in **Table 6**, alongside the effect size measure for each statistic. The analyses are shown in groups corresponding to the paragraphs discussed above, that is S-LP characteristics, access to resources, professional learning, and tools, as well as caseload characteristics. Three moderators were associated with higher DSAs. Those S-LPs with the most years of experience were the most likely to achieve high DSA, that is, to select books with characters who were racialized. S-LP language was also significantly associated with DSA. Specifically, the monolingual S-LPs mostly obtained DSA scores of .1 (not diverse) or .2 (somewhat diverse) with only a small number showing very diverse sets of books. Bilingual S-LPs (those who spoke English and French at home, or those who spoke English and a nonofficial language at home) listed books that were somewhat diverse or very diverse. Similarly, the pattern of results was different for S-LPs who provided services in only English or only French versus those who provided services in more than one language. Unilingual service providers provided lists of books that were less diverse than S-LPs who provided services in more than one language, with this latter group selecting books that were more diverse.

No other potential moderating variables yielded significant results. S-LP age, gender, and race was not associated with book choices. Access to resources was also not associated with the diversity of the book selections.

Table 4				
Workplaces Reported by Speech-Language Pathologists				
Workplace	n	%		
Multiple	42	36.52		
Private practice	28	24.35		
Education	22	19.13		
Healthcare	21	18.26		
Other	2	1.74		
Homecare	0	0.00		

Table 5		
Racial and Linguistic Caseload Diversity		
Diversity level	n	%
Racial		
Not diverse	11	9.57
Somewhat diverse	51	44.35
Very diverse	46	40.00
Linguistic		
Not diverse	25	21.74
Somewhat diverse	53	46.09
Very diverse	30	26.09

Note. Seven respondents did not respond to these questions, but the percentages are based on a total of 115 respondents.

Table 6						
Chi-Square Tests of Independence Between Moderator Variables and DSA Rank						
Moderator variable	LR χ^2	df	p	фс	Relation	ES
S-LP demographics						
Age rank	2.76	6 (2)	0.839	0.12	no	small
Gender	10.71	4(2)	0.098	0.20	no	medium
Years worked	15.70	8 (2)	0.047	0.26	yes	medium
Race/ethnicity	6.35	4(2)	0.175	0.18	no	small
Mother tongue	8.18	4(2)	0.225	0.21	no	medium
Home language	20.35	6 (2)	0.009	0.29	yes	medium
Language of service	19.55	6 (2)	0.012	0.29	yes	medium
Workplaces	10.27	10 (2)	0.247	0.23	no	medium
Resources						
Access to resources	2.79	2(1)	0.248	0.18	no	small
Caseload Diversity						
Client age group	6.92	4(2)	0.140	0.18	no	small
Racial diversity	9.25	4(2)	0.055	0.22	no	medium
Linguistic diversity	5.34	4(2)	0.255	0.16	no	small

Note. DSA = diversity score average; $LR\chi^2$ = likelihood ratio chi-square; ϕc = Cramer's V (phi coefficient for contingency tables); ES = effect size; S-LP = speech-language pathologist. For the determination of effect size, the df was taken as the minimum of [rows – 1] or [columns – 1] for each calculation of the chi-square statistic (as shown in parentheses).

Most surprising, caseload characteristics did not play a role either, although racial diversity provided a result that was close to significant.

Discussion

Our survey results from 115 S-LPs across Canada yielded a striking disconnect between service providers and clients: S-LPs were homogenous in their characteristics, being largely white (89%) women (95%) who were English-speaking (71%); in contrast, their caseloads were reportedly mixed, with most S-LPs (84%) reporting that their clients were somewhat or very racially diverse, and a large proportion of S-LPs (72%) reporting that their caseloads were linguistically diverse as well. The lack of linguistic diversity among Canadian S-LPs has been observed by D'Souza et al. (2012), a study that is now 12 years old.

Although the ethnicity and race of Canadian S-LPs has not been assessed nationally, Bourassa Bédard et al. (2020) estimated that less than 5% of S-LPs and audiology professionals in Québec came from racialized backgrounds. Similarly, the lack of professionals from non-white backgrounds has continuously been observed in the United States (see Whitfield, 2023 for recent commentary).

According to participants, the clients who they provide services to were often racialized children and many spoke a minoritized language. Several studies have examined how cultural discrepancies between S-LPs and their clients can negatively impact the overall quality of service delivery (D'Souza et al., 2012; Guiberson & Atkins, 2012; Parveen & Santhanam, 2021). For example, Harris and Owen Van Horne (2021b) reported that Black S-LPs tended to consider more diverse books for their practice than did their white colleagues. As such, these findings raise questions about the ability of the S-LPs to adjust their assessment and treatment approaches to the needs of children from different backgrounds than most S-LPs.

Many of the racialized children on S-LPs' caseloads who speak a nondominant language could benefit from exposure to more material that reflects their cultural and linguistic realities (Guiberson & Ferris, 2023; Guiberson & Vining, 2023); the remainder of the children on caseloads who represent the dominant racial and linguistic groups may also benefit from an expanded cultural focus in their speech and language therapy sessions (Harris & Owen Van Horne, 2021a).

The main characters of the books routinely used by S-LPs in their practice were coded to reveal the diversity of the books, and these scores were aggregated across the S-LPs' list of books to yield a DSA. As shown in Figure 1, the result is highly skewed with almost one third of DSA scores being very low, suggesting lists with no human characters. Another two thirds of the lists obtained DSA scores greater than 0 but less than .4, indicating books with some human characters, who ranged from white characters only to including white, both white and racialized characters, and occasional books exclusively about visible minority characters. The remaining one third of DSAs scored high indicating frequent use of books that contained human characters who were primarily persons of colour. **Table 7** provides examples of book lists in these categories from white women S-LPs: The first list is a commonly occurring set of books with no human characters yielding a DSA of O; the second list contains all types of books and yields a DSA of .35; the third list of books obtained the highest DSA in the study, reflecting the deliberate focus on books with

characters who were First Nations or Inuit. The diversity of the books in these lists is determined to some extent by the goals of the S-LP who chose them. The first list was chosen to correspond to therapy goals and to encourage inclusivity for their young clients. The second list was selected to correspond to goals and to themes in the preschool classroom while ensuring that the children would see themselves in the stories and illustrations. The third set was selected to ensure that children see representations of themselves with a specific focus on Indigenous Canadian themes. The S-LP who submitted the third list also noted that they frequently consulted with elders and other First Nations educators when trying to find resources, professional learning, and tools to work with their clients. Hence, it seems possible that the increase in diversity across the lists in **Table 7** might reflect situational level factors such as administrative expectations in the setting where they worked.

The analysis of potential moderators of book choices did not reveal many variables that explained differences in these selections, a finding that replicates other survey studies (Harris & Owen Van Horne, 2021b). Languages spoken at home and work played a role, in that unilingual S-LPs were more likely to select books that had no human characters or characters who were white; S-LPs who were bilingual were more likely to pick books with characters who were diverse with respect to race. A relationship between multilingualism and the use of culturally appropriate treatment materials has been reported in other studies (Narayanan & Ramsdell, 2022; Parveen & Santhanam, 2021). Those clinicians who had worked for a long time also had a tendency to choose more diverse books. Other potential moderators were not found to influence the use of diverse books in practice. In particular, neither access to resources nor S-LP age, gender, or race were associated with more diverse book choices. However, this may be due to the small sample size, particularly the low number of S-LPs from nonwhite, non-cis-female, and younger S-LPs that participated in our study.

Nonetheless, the respondents in this study agreed that culturally responsive therapy materials were important for the children on their caseloads. They wanted their clients to see themselves and their home lives represented in these materials. The respondents had clear ideas about what this meant for the storylines, the vocabulary, and the illustrations. However, they also reported that there were issues with access to appropriate books with culturally appropriate and accurate depictions of varied races, cultures, family arrangements, and social circumstances. Furthermore, their funds to buy new books were limited

Table 7							
Example Book Lists at Three Levels of Diversity Score Averages							
Book title	DSA	Book title	DSA	Book title	DSA		
Big Blue Truck	0	The Very Hungry Caterpillar	0	Amik Loves School	1		
Peedie	0	Brown Bear, Brown Bear	0	Kohkum's Red Shoes	1		
The Very Hungry Caterpillar	0	Chicka Chicka Boom Boom	0	Mama Do You Love Me?	1		
Brown Bear, Brown Bear	0	Cars, Trucks and Things That Go	0	Fry Bread	1		
The Family Book	0	My Heart Fills with Happiness	1	Little You	1		
That's Not My (series)	0	Annie and the Old One	1	My Heart Fills with Happiness	1		
Where's Spot?	0	No David!	.25	When We Were Alone	1		
Goodnight Gorilla	0	The Snowy Day	1	I Can't Have Bannock	1		
Goodnight Moon	0	Leo the Late Bloomer	0	Moccasin Goalie	.5		
Pete the Cat	0	What Happened to You?	.25				
Diversity score average	0	Diversity score average	.35	Diversity score average	.94		

Note. DSA = diversity score average

and S-LPs are able to buy only so many each year with their own funds. Many participants indicated that they tried to find books in the institutional setting (e.g., school library, classroom) but rarely saw diverse books in those catalogues, which raises the issue of what books are acceptable to teachers or permitted by the school board. Finally, the types of books available were reportedly limited with many focused on animals or nonhuman characters.

In an effort to bring more diverse books into the therapy setting, Harris and Owen Van Horne (2021a) recommended selecting books with people, as using anthropomorphic animals can reduce a child's ability to connect with lead characters (Ding et al., 2023; Larsen et al., 2018). Furthermore, replacing human characters with animal characters in books about racialized communities may unintentionally communicate that animals are more acceptable in books and society than actual people (Harris & Owen Van Horne, 2021a).

Cultural Responsivity in Speech-Language Pathology

Culturally responsive treatment materials have been promoted in the literature as a means to facilitate emergent literacy skills and overall language development (Gillispie, 2021; Harris & Owen Van Horne, 2021a; Knight et al., 2021; Larson et al., 2020). The use of diverse literature in S-LP practice influences the perspective of all the children who are receiving services, including those from the dominant culture and those from minority cultures (Bishop, 1990; Harris & Owen Van Horne, 2021a). As noted by Bishop (1990), when children engage with a variety of stories from multiple cultures, children can view themselves and their lives in the

books, so that the book reflects the child's life back like a mirror; children might also experience the book as a window that illuminates the lives of other persons not currently known by the child; finally, children might experience the book as a sliding door, in which it is possible to imagine other outcomes or futures, especially for children from backgrounds who have not been present in the canon of children's literature, such as becoming a scientist or leader. As such, it is necessary to present books that have a variety of characters for children to deepen their understanding and come to celebrate these similarities and differences. Our sample demonstrated that the background of an S-LP (particularly home language and language of service) influenced the ability of S-LPs to do this successfully. Additionally, more seasoned professionals were more likely to frequently use diverse books in their practice. This may be because the ability to implement culturally responsive practice depends upon the will of the S-LP, training in culturally responsive and sustaining practices, adoption of cultural humility, and availability of the books (Harris & Owen Van Horne, 2021b; Narayanan & Ramsdell, 2022; Parveen & Santhanam, 2021; Suswaram et al., 2023). Responses to our survey show that S-LPs are motivated to change their treatment materials to meet these goals. Albeit, they encounter significant barriers when it comes to implementing these changes, such as taking the time to vet reading materials, limited budgets to purchase new books, and materials limited to their immediate contexts such as workplace or local libraries. They also reported that they receive training in techniques for cultural responsivity but encounter significant challenges. Access to appropriate books and related activities, in particular, is not catching up to

the motivation to change S-LP practice. Many S-LPs reported that there are not many diverse books that can easily be used in therapy. Future research can benefit by exploring these highly nuanced and context-dependent barriers.

Limitations

The findings and conclusions of this survey are based on responses from only 115 respondents, forming a convenience sample. Although the survey did receive some responses in French and French titles, it was published in English, which presented a significant limitation. Although the respondents practised across the country, the sample was admittedly small and some parts of the country, especially the north, were not represented. Although our survey did ask for clinicians to provide the location (either postal code or city) where they provided services, no respondents provided services up north. Future survey studies may benefit from targeted outreach to clinicians who provide services in this part of the country or by providing incentives. The homogeneous nature of the sample matches the samples reported in other surveys. For example, Kerr et al. (2003) reported that their 144 Canadian respondents were women who used English or French; in their study, questionnaires were mailed to specific people with a follow-up request to those who did not respond to the first mailing. In our study we did not know who had received the invitations or not, and we did not follow up to make a second request. Therefore, the responses were specific to those individuals who decided to respond when they first received the notice about the questionnaire. Notwithstanding this concern about the size and composition of the sample, it seems likely that the responses were a good representation of the opinions offered by S-LPs in Canada.

Conclusions

Responses to the survey confirmed that S-LPs in Canada are a homogenous group, but their pediatric caseloads are considerably more diverse in ethnoracial characteristics and language. Overall, many respondents were committed to using therapy materials that were culturally appropriate. However, they reported that their access to these materials was limited. Providing training to Canadian S-LPs about cultural and linguistic responsivity would be an important goal for professional associations and researchers (e.g., Hyter, 2022; Millar et al., 2023; Pesco, 2014). Preservice clinical training programs could also benefit from including strategies for culturally and linguistically responsive therapy into their curriculum (for guidance see Speech-Language and Audiology Canada, 2024; see also Wolford et al., 2023). Distributing lists and frameworks for how to assess and use

culturally responsive storybooks for S-LP therapy would be helpful (e.g., Guiberson & Vining, 2023; Harris & Owen Van Horne, 2021a; Knight et al., 2021). Encouraging employers to make such books available to S-LPs is also essential to provide sustainable use of such materials in absence of funds or budget limitations by individual S-LPs. Finally, publishing diverse books that authentically represent racialized and linguistically minoritized communities that simultaneously meet multiple therapy goals along with relevant therapy materials is warranted.

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